

RCE

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RCE

6/16/04

MIG

**REQUEST FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450



Application Number: 09/457,889	Confirmation Number: 8181
Filing Date: December 10, 1999	
First Named Inventor: Germano CARONNI	
Group Art Unit: 2665	RECEIVED
Examiner: Michael J. Molinari	JUN 15 2004
Attorney Docket Number: 06502-0283	Technology Center 2000
Attorney Customer Number: 22,852	

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 C.F.R. § 1.114: Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, application must request non-entry of such amendment.

a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.

ii. Other _____

b. Enclosed:

i. <input checked="" type="checkbox"/> Amendment/Reply	iii. <input checked="" type="checkbox"/> Information Disclosure Statement
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other _____

2. Miscellaneous

a. Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)

b. Other _____

3. Fees

a. The filing fee is calculated as follows:

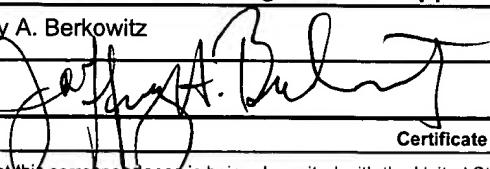
i. <input checked="" type="checkbox"/> \$770.00 RCE fee required under 37 C.F.R. § 1.17(e)	06/10/2004 EAREGAY1 00000003 09457889
ii. <input checked="" type="checkbox"/> Petition for extension of time for (1 Months) \$110.00	01 FC:1801 770.00 0P
iii. <input type="checkbox"/> Other _____	

b. Check in the amount of \$880.00 enclosed.

c. The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account No. 06-0916.

Signature of Applicant, Attorney, or Agent Required

Name: Jeffrey A. Berkowitz	Reg. No.: 36,743
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Signature: 	Date: June 9, 2004
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Certificate of Mailing or Transmission

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, MAIL STOP RCE, P.O. Box 1450, Alexandria, VA. 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on:

Name: _____

Signature: _____

Date: _____

PATENT APPLICATION FEE DETERMINATION RECORD
Effective 10-1-2003

Application or Docket Number

09457889

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	* RCE
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY
TYPE

OTHER THAN
SMALL ENTITY
OR

RATE	Fee
BASIC FEE	385.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	Fee
BASIC FEE	770.00
X\$18=	
X86=	
+280=	
OR TOTAL	770

OTHER THAN
SMALL ENTITY
OR

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+280=	
TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+280=	
TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X86=	
+280=	
TOTAL ADDT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.